



Smile Magic Dentistry- Notice of Privacy Practices

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW CAREFULLY.

The Health Insurance Portability & Accountability Act of 1996 and subsequent related legislation ("HIPAA") is a federal law that requires that all medical records and other protected health information ("PHI") are kept confidential, with limited exceptions outlined below. HIPAA gives you, the patient, significant rights to understand and control how your health information is used. As required by HIPAA, we have prepared this explanation of how we are required to maintain the privacy of your information and how we may disclose your information. The terms of this notice apply to all records containing your PHI that are created or retained by our practice.

We reserve the right to revise or amend this Notice of Privacy Practices. Any revision or amendment to this notice will be effective for all of your records that our practice has created or maintained in the past, and for any of your records that we may create or maintain in the future. Our practice will post a copy of our current Notice in our offices in a visible location at all times, and you may request a copy of our most current Notice at any time.

We may use and disclose your medical records for each of the following purposes **only**:

1. Treatment, Payment, and Healthcare Operations
 - Treatment means providing, coordinating or managing healthcare related services by one or more healthcare providers. An example of this would include teeth cleaning services.
 - Payment means such activities as obtaining reimbursement for services, confirming coverage, billing or collection activities and utilization review. An example of this would be sending a bill for your visit to your insurance company for payment.
 - Healthcare Operations include the business aspects of running our practice, such as conducting quality assessment and improvement activities, auditing functions, and cost management analysis and customer service. An example would be an internal quality assessment review.
2. Pursuant to an individual's written authorization that meets HIPAA's criteria (i.e. specifying who is to receive the PHI).
3. As required for compliance with the HIPAA Administrative Simplification Rules.

We also may create and distribute re-identified health information by removing all references to individually identifiable information. Further, we may contact you to provide appointment reminders or information about treatment alternatives or other health related benefits and services that may be of interest to you. The following categories describe the unique scenarios under which we may use or disclose your PHI:

Public Health Risks. Our practice may disclose your PHI to public health authorities that are authorized by law to collect information for the purposes of:

- maintaining vital records, such as births and deaths
- reporting child abuse or neglect
- preventing or controlling disease, injury, or disability
- notifying a person regarding potential exposure to a communicable disease
- notifying a person regarding a potential risk for spreading or contracting a disease or condition
- reporting reactions to drugs or problems with products or devices
- notifying individuals if a product or device they may be using has been recalled
- notifying appropriate government agency(ies) and authority(ies) regarding the potential abuse or neglect of an adult patient (including domestic violence); however, we will only disclose this information if the patient agrees or we are required or authorized by law to disclose this information
- notifying your employer under limited circumstances related primarily to workplace injury or illness or medical surveillance.

Health Oversight Activities. Our practice may disclose your PHI to a health oversight agency for activities authorized by law.



Oversight activities can include, for example, investigations, inspections, audits, surveys, licensure, and disciplinary actions; civil, administrative, and criminal procedures or actions; or other activities necessary for the government to monitor government programs, compliance with civil rights laws and the health care system in general.

Lawsuits and Similar Proceedings. Our practice may use and disclose your PHI in response to a court or administrative order if you are involved in a lawsuit or similar proceeding. We also may disclose your PHI in response to a discovery request, subpoena, or other lawful process by another party involved in the dispute, but only if we have made an effort to inform you of the request or to obtain an order protecting the information the party has requested.

Law Enforcement. We may release PHI if asked to do so by a law enforcement official:

- Regarding a crime victim in certain situations, if we are unable to obtain the person's agreement
- Concerning a death we believe has resulted from criminal conduct
- Regarding criminal conduct at our office
- To identify/locate a suspect, material witness, fugitive, or missing person
- In an emergency, to report a crime (including the location or victim(s) of the crime, or the description, identity, or location of the perpetrator.)

Any other uses and disclosures will be made only with your written authorization. You may revoke such authorization in writing and we are required to honor and abide by that written request, except to the extent that we have already taken actions relying on your authorization.

Individual Rights. You have the following rights with respect to your protected health information:

1. The right to request restrictions on certain uses and disclosures of health information. Please note we are not required to agree with your request. For example, you may designate family members, relatives, close personal friends or any other person identified by you to receive disclosures and/or specify persons who will not receive any health information.
2. The right to reasonably request to receive confidential communications of protected health information from us in a particular manner or at a specified location. For example, you may request that we contact you only at home and not work, for appointment reminders or any other communication.
3. The right to inspect and copy your protected health information.
4. The right to amend your protected health information that you believe is incorrect or incomplete, by following specific procedures set forth in HIPAA. We may deny your request in certain situations, e.g., the information is accurate or was provided by a third party, such as a laboratory.
5. The right to receive an accounting of certain disclosures of protected health information upon written request and by meeting the conditions set forth in HIAA.
6. The right to obtain a paper copy of this Notice.

You can exercise any of the above rights by making a request in writing to Smile Magic's Privacy Officer using the information below.

Right to File a Complaint. If you believe your privacy rights have been violated, you may file a complaint with our practice or with the Secretary of the Department of Health and Human Services. To file a complaint with our practice, contact Smile Magic at the address below. All complaints must be submitted in writing. You will **not** be penalized for filing a complaint.

Our practice will obtain your written authorization for uses and disclosures that are not identified by this notice or permitted by applicable law.

We are required by law to maintain the privacy of your protected health information, to provide you with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

For more info about HIPAA:

Office of Civil Rights
200 Independence Ave. S.W.
Washington, D.C. 20201
202-619-0257 877-696-6775

Smile Magic Dentistry
3600 E. McKinney St. #100
Denton TX, 76209
Phone: 940-808-1926
Attn: Norma Romero
Privacy Officer